



**PAPUA NEW GUINEA NURSING COUNCIL
Medical Registration Act 1980**

STATEMENT OF COMPETENCY FOR REGISTRATION AS A MIDWIFE

NAME OF TRAINING INSTITUTION _____

NAME OF STUDENT _____ YEAR STARTED TRAINING _____

YEAR COMPLETED TRAINING _____

MIDWIFERY COMPETENCIES	C	NYC	Comments
DOMAIN 1. PROFESSIONAL AND ETHICAL PRACTICE			
Competency unit 1: The nurse-midwife practices reproductive health in accord with relevant legislation, common and customary laws and in accord with professional standards and professional code of ethics.			
Competency unit 2: Nurse-midwife practices woman's advocacy in all settings			
DOMAIN 2. CRITICAL THINKING AND ANALYSIS			
Competency unit 3: Nurse-midwife is accountable and responsible for own actions and outcomes and acknowledges research as a contributing factor to enhance professional midwifery practice			
DOMAIN 3. COMMUNICATION			
Competency unit 4: The nurse-midwife communicates effectively to support the woman through her childbearing experiences			
DOMAIN 4. MANAGEMENT AND LEADERSHIP			
Competency unit 5: The nurse-midwife manages resources effectively			
DOMAIN 5. MANAGEMENT OF CARE			
Competency unit 6: The nurse-midwife provides an environment which maximizes women's safety			
Competency unit 7: The nurse-midwife carries out comprehensive and accurate management to formulate a plan of care in collaboration with the woman and her family in a variety of settings			
Competency unit 8: The nurse-midwife implements the woman's care and evaluates the progress towards the expected outcomes			
DOMAIN 6. PUBLIC HEALTH AND PROMOTION			
Competency unit 9: The nurse-midwife promotes practice that enhances the health of the woman, her family and the public			
DOMAIN 7: PARTNERSHP AND COMMUNITY SERVICES			
Competency unit 10: The nurse-midwife promotes a reproductive health perspective to work in partnership with other sectors in promoting health.			

KEYS: C- Competent, NYC – Not Yet Competent (a graduate requires additional practice for Educational Institutes use only)

Name Student: _____ Signature: _____ Date: _____

School Dean/Principal's

Name _____ Signature: _____ Date: _____

Please ONLY send competent graduates documents to the PNG Nursing Council for Registration.